

L24000236422

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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2024 MAY 31 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 05/31/2024

****WALK IN****

ENTITY NAME Star Color Services LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

Plain Copy

Certified Copy

Certificate of Status

XXXXXXXXXX

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

2024 MAY 31 AM 9:47
SUNSHINE STATE
CORPORATE CENTER

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****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$130

ACCOUNT #: I20160000072

S R J

Please call Tina at the above number for any issues or concerns. Thank you so much!

**ARTICLES OF ORGANIZATION
OF
STAR COLOR SERVICES LLC**
a Florida limited liability company

ARTICLE I - Name:

The name of the Limited Liability Company is:

Star Color Services LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

5248 Imagination Dr.
Fort Pierce, FL 34947

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Samuel Schisler
5248 Imagination Dr.
Fort Pierce, FL 34947

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

/s/Samuel Schisler
Samuel Schisler

ARTICLE IV - Management:

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Authorized Member

Name and Address:

Samuel Schisler
5248 Imagination Dr.
Fort Pierce, FL 34947

FILED
2023/05/31 AM 9:17
CLERK OF DISTRICT COURT
STATE
OF FLORIDA
FORT PIERCE, FL

ARTICLE V - Existence:

The Limited Liability Company's existence shall be effective May 31, 2024.

The undersigned authorized representative of a member executed these Articles of Organization on May 31, 2024.

/s/Samuel Schisler
Samuel Schisler

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STATE
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